APPLICATION FOR EMT **INTERMEDIATE / PARAMEDIC** TRAINING

LOCATION OF COURSE: _____

EMT-INTERMEDIATE TRAINING		EMT-PARAMEDIC TRAINING	
	INTERMEDIATE INITIAL COURSE		**PARAMEDIC INITIAL COURSE**
	INTERMEDIATE REFRESHER COURSE		**PARAMEDIC REFRESHER COURSE**

SECTION I: (Print OR Type)

_____
CANDIDATE'S FULL NAME S.S.N.

_____
MAILING ADDRESS

_____
CITY/STATE/ZIP CODE

_____ _____ _____
HOME PHONE # WORK PHONE # PAGER#

SECTION II:

EMT CERTIFICATION NUMBER & EXPIRATION DATE *(List **ONLY** Current Number)*			
EMT-BASIC #	**EMT-I #**	**EMT-P #**	**EXPIRATION DATE**
State	**State**	**State**	**State**
NR	**NR**	**NR**	**NR**

HOBET or EQUL. SCORE (INITIAL CANDIDATES ONLY)			**EXPERIENCE AS AN EMT YEARS / MONTHS**
TOTAL COMPOSITE	**READING** COMPREHENSION	ESSENTIAL **MATH** SKILLS	

SECTION III:

*I VERIFY THAT THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT AN **INCOMPLETE APPLICATION WILL NOT BE PROCESSED** AND THAT A COMPLETED APPLICATION **DOES NOT** GUARANTEE ADMISSION INTO THE COURSE.*

I UNDERSTAND THAT I MAY PARTICIPATE IN THIS COURSE WITHOUT SERVICE OR MEDICAL CONTROL ENDORSEMENT. HOWEVER, ONCE THIS COURSE IS SUCCESSFULLY COMPLETED, I UNDERSTAND THAT I MUST GAIN SERVICE AND MEDICAL CONTROL ENDORSEMENTS TO GAIN STATE CERTIFICATION.

I UNDERSTAND THAT I MUST BE COVERED BY MALPRACTICE INSURANCE.

[ ] I HAVE MY OWN MALPRACTICE INSURANCE POLICY
[ ] I AM COVERED BY THE SERVICE FOR WHICH I AM EMPLOYED
[ ] I WISH TO BE COVERED BY THE REGION'S MALPRACTICE POLICY (MAY MEAN ADDITIONAL EXPENSE)

_____ _____
SIGNATURE OF CANDIDATE DATE

_____

NAME OF CANDIDATE (*Print*)

EMS PROVIDER AFFILIATION

[ ] I AM **NOT** AFFILIATED WITH A SC LICENSED EMS PROVIDER AT THIS TIME.

[ ] I **AM** CURRENTLY AFFILIATED WITH A SC LICENSED EMS PROVIDER.

_____

NAME (PRINT) OF SC EMS LICENSED PROVIDER / SC LICENSE NUMBER

EMT / BLS / ACLS CREDENTIALS

MUST *ATTACH WITH THIS APPLICATION , A COPY OF THE FOLLOWING CREDENTIALS:*

[ ] ***SC EMT CARD*** - ALL CANDIDATES

[ ] ***BLS (CPR) CARD -*** ALL CANDIDATES MUST HAVE A CURRENT CARD

[ ] ***ACLS CARD*** - ALL PARAMEDIC **REFRESHERS** MUST HAVE A CURRENT CARD

CURRENT MEANS THAT THE CARD EXPIRATION DATE MUST BE GREATER THAN YOUR STATE EMT EXPIRATION DATE (REFRESHERS ONLY).

FOR INITIAL CANDIDATES, CARD MUST BE CURRENT AT THE TIME STATE CERTIFICATION IS ISSUED.

REGIONAL EMS MEDICAL CONTROL PHYSICIAN ENDORSEMENT

I RECOMMEND THE ABOVE CANDIDATE AND AGREE TO SPONSOR / SUPERVISE THIS PERSON THROUGHOUT THIS COURSE. I VERIFY THAT I AM THE MEDICAL CONTROL DIRECTOR FOR THIS TRAINING AGENCY.

_____

NAME (PRINT) OF **COURSE** MEDICAL CONTROL DIRECTOR

_____

SIGNATURE OF **COURSE** MEDICAL CONTROL DIRECTOR

DIRECTOR'S ENDORSEMENT - ADVANCED TRAINING AGENCY

I HAVE SCREENED THIS APPLICANT AND FIND THIS PERSON

*[ ] ELIGIBLE [ ] **NOT** ELIGIBLE*

PENDING VERIFICATION AND APPROVAL BY DHEC OFFICE OF EMS.

_____

SIGNATURE **EXECUTIVE** DIRECTOR OF ADVANCED TRAINING AGENCY

IF **NOT** ELIGIBLE, STATE REASON: